



**MEDICAL ADVISORY BOARD FOR DRIVER LICENSING**  
**Texas Department of State Health Services**

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**PHYSICIAN REFERRAL FORM**

Health & Safety Code, Title 2- Health

Chapter 12, Powers & Duties of the Texas Department of State Health Services

**§12.096. Physician Report**

(a) A physician licensed to practice medicine in this state may inform the Department of Public Safety of the State of Texas or the medical advisory board, orally or in writing, of the name, date of birth, and address of a patient older than 15 years of age whom the physician has diagnosed as having a disorder or disability specified in a rule of the Department of Public Safety of the State of Texas.

(b) The release of information under this section is an exception to the patient-physician privilege requirements imposed under Section 159.002, Occupations Code.

**§ 12.098. Liability**

A member of the medical advisory board, a member of a panel, a person who makes an examination for or on the recommendation of the medical advisory board, or a physician who reports to the medical advisory board or a panel under Section 12.096 is not liable for a professional opinion, recommendation, or report made under this subchapter.

\_\_\_\_\_  
Patient's Last Name, First Name, M.I. \_\_\_\_\_

Patient's Address: \_\_\_\_\_

Patient's City, State & Zip: \_\_\_\_\_

Patient's Date of Birth: \_\_\_\_\_

Patient's Driver License #, if known: \_\_\_\_\_ Social Security # \_\_\_\_\_

Explain specific medical limitations to driving for this patient:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Printed Name of Physician

\_\_\_\_\_  
Texas Physician License Number

\_\_\_\_\_  
Address of Physician

(\_\_\_\_\_)\_\_\_\_\_  
Telephone Number of Physician

\_\_\_\_\_  
City, State, Zip